

FORM PTO-1449
INFORMATION DISCLOSURE STATEMENT

ATTY. DOCKET NO. 03654.0250-US01

APPLICATION NO. 09/346,923

APPLICANT DAWSON, et al.

FILING DATE July 2, 1999

GROUP 1623

U.S. PATENT DOCUMENTS

EXAMINER INITIALS	REF. NO.	DOCUMENT NUMBER	GRANT DATE	NAME	CLASS	SUB-CLASS	FILING DATE
Cu	AA1	4,551,456	11/1985	KATZ	_____	_____	
Gr	AB1	4,692,454	09/1987	MICH, et al.	_____	_____	
Gr	AC1	4,851,415	07/1989	MICH, et al.	_____	_____	
Gr	AD1	5,250,518	10/1993	KOBREHEL, et al.	_____	_____	
Gr	AE1	5,441,939	08/1995	YANG	_____	_____	
Gr	AF1	5,498,699	03/1996	DJOKIC, et al.	_____	_____	
Gr	AG1	5,605,889	02/1997	CURATOLO, et al.	_____	_____	
Gr	AH1	5,631,004	05/1997	CAGLE, et al.	_____	_____	
	AI1						
	AJ1						
	AK1						

FOREIGN PATENT DOCUMENTS

EXAMINER INITIALS	REF. NO.	DOCUMENT NUMBER	DATE	COUNTRY	CLASS	SUB-CLASS	TRANSLATION
Gr	AL1	WO 98/17280	04/1998	PCT	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gr	AM1	0 126 684	11/1984	Europe	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gr	AN1	0 142 426	05/1985	Europe	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gr	AO1	0 298 650	01/1989	Europe	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gr	AP1	0 391 909	10/1990	Europe	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

EXAMINER INITIALS	REF. NO.	OTHER (Including Author, Title, Date, Pertinent Pages, etc.)
Gr	AS 1	Robert E. Leonard II, Carol L. Karp, and Eduardo C. Alfonso, <i>Erythromycin, Clarithromycin, and Azithromycin</i> , 1997, <u>Textbook of Ocular Pharmacology</u> , Pgs. 515-523
Gr	AT 1	Robert H. Cross, Gary N. Holland, Samuel J. Elias and Rachel Tuz, <i>Corneal Pharmacokinetics of Topical Clarithromycin</i> , April 1995, <u>Investigative Ophthalmology & Visual Science</u> , Vol. 36, No. 5, Pgs. 965-968

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C. P. Sela

DATE CONSIDERED

12-9-99

EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to Applicant.

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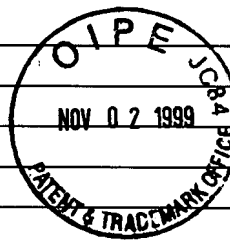
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	AA1						
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6	AL1	0 445 743 A2	09/1991	Europe			<input type="checkbox"/> Yes <input type="checkbox"/> No
6	AM1	0 445 743 B1	09/1991	Europe			<input type="checkbox"/> Yes <input type="checkbox"/> No
6	AN1	0 467 331	01/1992	Europe			<input type="checkbox"/> Yes <input type="checkbox"/> No
6	AO1	0 677 530	10/1995	Europe			<input type="checkbox"/> Yes <input type="checkbox"/> No
6	AP1	0 679 400	11/1995	Europe			<input type="checkbox"/> Yes <input type="checkbox"/> No

EXAMINER INITIALS	REF. NO.	OTHER (Including Author, Title, Date, Pertinent Pages, etc.)
	AS 1	
	AT 1	

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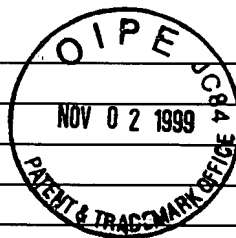
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	AM1						<input type="checkbox"/> Yes <input type="checkbox"/> No
	AN1						<input type="checkbox"/> Yes <input type="checkbox"/> No
	AO1						<input type="checkbox"/> Yes <input type="checkbox"/> No
	AP1						<input type="checkbox"/> Yes <input type="checkbox"/> No

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